

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26972

State File No.

Registrar's No. 6764

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years 0 (Specify whether years, months or days)
In this community 18 years 0

3. (a) PRINT FULL NAME Alfred C. Becker

3. (b) If veteran, name war British Army 3. (c) Social Security No. 064-08-9469

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
(b) Name of husband or wife Hattie Becker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 21, 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 27 If less than one day hr. min.

9. Birthplace London 4 England
(City, town, or county) (State or foreign country)

10. Usual occupation Jobber

11. Industry or business Disinfectants

12. Name Harry Becker
13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna (unk)
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Becker
(b) Address Kingsway Hotel

17. (a) BURIAL (b) Date thereof 8/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHASED SHELETH Berger Memorial

18. (a) Signature of funeral director 4715 McPherson
(b) Address 4715 McPherson

19. (a) AUG 20 1941 (b) J. F. Bredeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1082 9
(If outside city or town limits, write "RURAL")
(d) Street No. Kingsway Hotel (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country England

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18
year 41 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-18 to 1941,
that I last saw him alive on 8-18 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse caused by emphysema
Due to Emphysema (left chest)
Due to non tubercular

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 110
Of autopsy 110
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Edmund G. Berger (M. D. or other) 10
Address 634 N Grand Date signed 8-19-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.